

Submit this document to:

Crime Victims Compensation Program
Department of Labor & Industries
Post Office Box 44520
Olympia, Washington 98504-4520

**CVCP PROGRESS NOTE:
FORM III**

This form should be completed after session 15. This form is a reminder that you are halfway through the authorized number of sessions. You should begin to consider whether or not you will need more than the allotted 30 sessions for adults/40 sessions for children, and the rationale behind the need.

Bill Procedure Code 0124C For This Report.

Victim's Name		Cvcp Claim Number
Client's Name (if different than the victim's)		Date treatment began
Clinician's Name	Clinician's Provider Number (if known)	Number of sessions to date
Clinician's Address		Clinician's Phone Number ()
City		State Zip+4

Please review the CVCP guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.

- 1) Is there substantial progress toward recovery from the crime related condition(s)?
☐ Yes (continue on to question #2)
☐ No (continue on to question #3)
- 2) If yes, do you expect that treatment will be completed within 30 visits (adult clients) or 40 visits (child clients)?
☐ Yes
☐ No (please continue on to question #3)
- 3) What complicating or confounding issues are hindering recovery?

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